

FILED MAY 5 1943

Primary Registration District No. **1002**

Registrar's No. **1814**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Hours**
(Specify whether years, months or days)
In this community **33 Years**

3. (a) PRINT FULL NAME **Mrs. Mary Pirro**
3. (b) If veteran, name war **None** **3. (c) Social Security No.** **None**

4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Mr. Frank Pirro** **6. (c) Age of husband or wife if alive** **64 years**
7. Birth date of deceased **February 12, 1883**
(Month) (Day) (Year)

8. AGE: Years **60** Months **2** Days **22** If less than one day **hr. min.**

9. Birthplace **Rome Italy**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER FATHER
12. Name **John Celani**
13. Birthplace **Rome Italy**
(City, town, or county) (State or foreign country)
14. Maiden name **Clementine Unknown**
15. Birthplace **Rome Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Frank Pirro**
(b) Address **3426 East 8th Street**

17. (a) Burial **(b) Date thereof April 17, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. St. Mary's Cemetery**

18. (a) Signature of funeral director **J. J. Newcomer**
(b) Address **1401 Brush Creek Blvd.**

19. (a) 4-16-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3426 East 8th Street**
(If rural, give location)
(e) Citizen of foreign country? **In U.S.A. 33 Years** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14** year **1943** hour **11** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **4/14/43**
19 to **4/14/43**, 19
that I last saw her alive on **4/14/43**, 19
and that death occurred on the date and hour stated above.

Immediate cause of death... **Respiratory failure**
Due to **Proletic Coma**
Due to **Urterial Insults**
Other conditions (Include pregnancy within 3 months of death) **bl**

Major findings:
Of operations
Of autopsy **none**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (c) Means of injury
23. Signature **Chas. H. Wolfe** (M. D. optional)
Prof Bldg. R. C. No. 4/16/43
Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1217
Nov - 5:30 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *R.C. Newcomer*

Licensed Embalmer No. *4043*

P. O. Address..... *R.C. Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.